

CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project / programme of activities	Biopower Climate Care POME Biogas Capture and Utilization Project in Palong, Malaysia
Project / programme of activities reference number: (if available)	6939
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Rhodia Energy GHG	
Address: 25, Rue de Clichy, 75009 Paris France	
Party (country authorizing participation): France	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Rosier	Telephone 1:
First name: Philippe	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kehren	Telephone 1:
First name: Philippe	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Rhodia Japan, Ltd.	
Address: Roppongi First Bldg. 1-9-9, Roppongi, Minato-ku, 106-8540 Tokyo Japan	
Party (country authorizing participation): Japan	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Kuwahara	Telephone 1:
First name: Makoto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Hirata	Telephone 1:

First name: Junji		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Name of entity: Biopower Climate Care Sdn. Bhd.			
Address: Level 41, Vista Tower, The Intermark, 182 Jalan Tun Razak, 50400 Kuala Lumpur Malaysia			
Party (country authorizing participation): Malaysia			
End-date of participation:		<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Lee		Telephone 1:	
First name: Jason		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Ho		Telephone 1:	
First name: David		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	